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OCT 05 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-2666
In re Application of Shunpei YAMAZAKI, et al.		
Application Number 10/700,516		Filed November 5, 2003
For: LASER IRRADIATION APPARATUS AND METHOD OF FABRICATING SEMICONDUCTOR DEVICE		
Group Art Unit 2813		Confirmation No.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1,020)	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1,590)	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,080/\$2,160)	\$

☐ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (740756-2666) I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

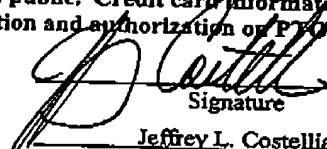
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 35,483

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 5, 2005
Date


Signature
Jeffrey L. Costella
Typed or printed name

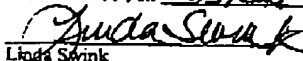
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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P.O. Box 1450
Alexandria, VA 22313-1450CERTIFICATE OF FAX TRANSMISSION
I hereby certify that this correspondence is being
facsimile transmitted to the USPTO at
571-273-8300, on 10/5/2005
Linda Swink